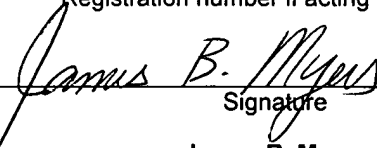




| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |   | Docket Number (Optional)                    |                    |
|--|---|---|--------------------|
| Application Number   | 09/923,117  | Filed                                       | August 6, 2001     |
| For  | William F. MCKAY<br>OSTEOGENIC PAST COMPOSITIONS AND USES THEREOF |   |                    |
| Art Unit   | 3732  | Examiner                                    | Bonderer, David A. |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.   |   |   |                    |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |   |   |                    |
|  | <u>Fee</u>  | <u>Small Entity Fee</u>                     |                    |
| <input type="checkbox"/> One month [37 CFR 1.17(a)(1)]   | \$120   | \$60  | \$ _____           |
| <input type="checkbox"/> Two months [37 CFR 1.17(a)(2)]  | \$450   | \$225                                       | \$ _____           |
| <input checked="" type="checkbox"/> Three months [37 CFR 1.17(a)(3)]   | \$1020  | \$510                                       | \$ <u>1020</u>     |
| <input type="checkbox"/> Four months [37 CFR 1.17(a)(4)]   | \$1590  | \$795                                       | \$ _____           |
| <input type="checkbox"/> Five months [37 CFR 1.17(a)(5)]   | \$2160  | \$1080                                      | \$ _____           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |   |   |                    |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |   |   |                    |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |   |   |                    |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |   |                    |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>23-3030</u> . I have enclosed a duplicate copy of this sheet. |   |   |                    |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.   |   |   |                    |
| I am the <input type="checkbox"/> Applicant/inventor.  |   |   |                    |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.171. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).   |   |   |                    |
| <input checked="" type="checkbox"/> Attorney or agent of record. Registration Number: <u>42,021</u>  |   |   |                    |
| <input type="checkbox"/> Attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a): _____  |   |   |                    |
| <br>_____<br>Signature  |   | <u>February 25, 2005</u><br>_____<br>Date   |                    |
| James B. Myers<br>_____<br>Typed or Printed Name   |   | (317) 634-3456<br>_____<br>Telephone Number |                    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.                      |   |   |                    |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.  |   |   |                    |